

Appendix 13
Wisconsin Medicaid
Electronic Information Request Form

The Wisconsin Medicaid Program offers many different methods for submitting your Medicaid claims electronically. All of this information is available for downloading from the EDS bulletin board system (EDS-EPIX). By downloading you will be able to obtain this information within minutes at your convenience. Please refer to Appendix 14 of this handbook for the "Quick Guide to Obtaining Medicaid Electronic Claim Information" to assist you with the downloading process.

_____ **ECS (Electronic Claim Submission)** EDS supplies free software that runs on a stand alone IBM compatible computer and uses a Hayes compatible modem. The electronic record layouts are also available to create your own data files containing Wisconsin Medicaid claim information.

_____ 3 1/2" diskette _____ 5 1/4" diskette

_____ **3780 Protocol** 3780 protocol is an IBM communication protocol that enables mini or mainframe computers to send claim data files to EDS.

_____ **Magnetic Tape** Providers with the capability to create their claim information on tape can submit those tapes to EDS. EDS also provides Remittance Advice Information on magnetic tape.

_____ **MicroECS** MicroECS allows providers to send their data files to EDS using most basic telecommunication packages with any one of six protocols available, and accepts line speeds up to 14,400 bps.

_____ **Reformatter** The Reformatter is software designed for EDS that enables providers to enjoy the benefits of electronic billing without making costly changes to their existing billing system. Instead of printing claims on paper, claims are printed to a data file on a personal computer and transmitted to EDS. EDS reformats the data into the required electronic record format and brings the claims into the Wisconsin Medicaid processing system.

_____ Please send me additional information on EDS' bulletin board system (EDS-EPIX).

If you are unable to download and would like information on electronic claim submission, please check off the above method(s) you are interested in and complete the following:

Name: _____ Provider Number: _____

Address: _____ Type of Service: _____

_____ Contact Person: _____

_____ Phone Number: _____

Please return to: EDS
6406 Bridge Rd.
Madison, WI 53784-0009
(608) 221-4746